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Bib Data Sheet

CONFIRMATION NO. 5626

SERIAL NUMBER 10/563,909	FILING OR 371(c) DATE 01/10/2006 RULE	CLASS 604	GROUP ART UNIT 3767	ATTORNEY DOCKET NO. 4017-41
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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a 371 of PCT/IB04/02245 07/09/2004

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

ITALY MO2003A000201 07/11/2003 *CBM*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

\*\* 04/13/2006

Foreign Priority claimed	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	ITALY	5	37	2
Verified and Acknowledged	Examiner's Signature <i>CBM</i> Initials				

## ADDRESS

23117

## TITLE

System of infusion of pharmacological solutions

FILING FEE RECEIVED 875	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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